

The Limes Retirement Home Ltd

# The Limes Retirement Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Limes Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. The Limes Retirement Home accommodates up to 26 older people in one adapted building. There are bungalows on site where most people who live in them are independent or receive support from a domiciliary care service. Two of the people living in the bungalows used the service from this care home. These people were counted in the numbers of the registration. There were 25 people living in the service when we inspected on 8 May 2018. This was an unannounced comprehensive inspection.

There was a registered manager in post, who was also one of the provider's directors. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of 26 May 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

However, improvements were needed in how the service maintained person centred care plans to demonstrate how people's individual needs were planned for and met, including their end of life care plans. The service was in the process of reviewing these and they had accepted the support of the local authority, but these improvements were not yet fully implemented. Discussions with staff identified that they knew about people's needs, which reduced the risks to people receiving inappropriate care. As a result the key question for Responsive is now rated Requires improvement.

People had the opportunity to participate in group activities. However, some people felt that there was limited provision of more individual activities and interaction. There was a complaints procedure in place.

The service continued to provide a safe service to people. This included systems designed to protect people from abuse and avoidable harm. Staff were available when people needed assistance. The recruitment of staff was done safely. The service was clean and hygienic. People received their medicines safely.

The service continued to provide an effective service to people. People were cared for by staff who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received care and support to maintain a healthy diet and good health. People were supported to access health professionals where needed. The environment was suitable

for the people living there.

The service continued to provide a caring service to people. People had good relationships with the staff. Staff interacted with people in a caring manner. Staff respected people's views, listened to their choices and acted in accordance with their wishes.

The service continued to provide a well-led service to people. The service had a quality assurance system to monitor and assess the service provided to people. These systems assisted the registered manager to identify and address shortfalls promptly. As a result the quality of the service continued to improve.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Requires Improvement ●

The service is not always responsive.

Staff understood how people's individual needs were met. However, the ways that the service recorded how people's care was planned for and met, including people's end of life plans, were in the process of being improved. This was not yet fully implemented.

There were opportunities for people to attend group activities. However, some people felt that there were limited support for individual activities and interaction.

There was a complaints procedure in place.

### Is the service well-led?

Good ●

The service remains good.

# The Limes Retirement Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 8 May 2018 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 12 people who used the service and six relatives. We observed the interactions between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with the registered manager, and five members of staff including the deputy manager, care, and catering staff. We also spoke with a visiting health professional. We looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection of 26 May 2016 this key question was rated Good. At this inspection we found that the key question for safe remained Good.

People told us that they felt safe in the service. One person said, "I feel safe here, that was my [relative's] biggest criteria. At night if they think you are asleep I hear them gently open the door to check you are okay. You seriously couldn't ask for more." Another person commented, "I feel safe because there is always someone around here." Another person said, "They get me up in a hoist. I feel safe in it, there is no point being scared." One person's relative told us, "I've always been given the impression that [family member] is safe and well treated." Another relative commented, "I believe [family member] is safe and as far as I can see [family member is] well cared for."

Risks to people continued to be managed well. People received care and support from staff who were trained and understood how to recognise signs and indications of abuse and how to report concerns. We had received concerns about the service and raised these with the local authority safeguarding team, who are responsible for investigating safeguarding concerns. During our inspection we discussed the outcomes with the registered manager and were able to see documentation to support what we had been told to ensure people were safe. The registered manager told us how they learned from concerns and used them to drive improvement in the service.

People's care records included risk assessments relating to mobility, nutrition and falls. There were systems in place to reduce the risks of people developing pressure ulcers. This included the use of pressure relieving equipment and the provision of support from health professionals. There were systems to monitor and reduce the risks of people falling. This included analysis of incidents to identify patterns and actions to minimise risks. This demonstrated that when things went wrong the service had systems to learn from them and use them to drive improvement.

There were environmental risk assessments in place. However, these had last been reviewed in 2015. The registered manager told us they would address this immediately. We saw that windows on the first floor had bars across to restrict the risks of climbing out, on the ground there were window restrictors. Some of the windows had a large enough gap for people to climb out of if they were determined to do so. The registered manager said they would address this straight away and would ensure restrictors were also installed.

People told us about how long they had to wait for their requests for assistance to be responded to. One person said, "You pull your cord and you wait two minutes, they are splendid." Another person commented, "They don't tend to pop in for a chat, I have a buzzer if I need help, they don't come instantaneous, but they are fairly quick." Another person commented, "If I'm in my room, I ring my bell and the most I ever have to ring it is twice." Another person said, "If I ring the bell it can depend on who's on as to how quickly they come, the younger ones are never in much of a hurry." During our inspection we saw that staff responded to people's requests for assistance, including call bells, promptly. We also saw that the staff responded in a timely manner to requests for assistance.

We received mixed views from people and relatives about if there were enough staff to meet their needs. One person said, "There is definitely enough staff here." Another person told us, "I think there is enough staff." One relative told us, "I've never been concerned about the numbers of staff." Another relative said, "Sometimes they seem inundated with staff and at other times there is only two or three." Another relative commented, "There is enough staff but only just." The registered manager had a system in place to calculate the numbers of staff required to meet people's assessed needs. Staff told us that they felt that there were enough staff to meet people's needs safely. Discussions with the registered manager and records showed how the service was staffed each day. This was also confirmed in our observations and records. No agency staff were used to ensure people were provided with a consistent service. This was because there were sufficient staff numbers to cover all shifts.

We received some concerns about the staffing levels at night. One person commented, "Only two people here all night long, they are very stretched." Another person said, "I think there is enough staff but sometimes they could do with someone else in the night, they do their best." Another person said, "I think perhaps we could have a few more staff at night." However, another relative commented that their family member had told them they felt safe at night because the staff were quick to respond to their call bell if they needed help. The registered manager told us that they and the deputy manager had worked a night shift to enable them to assess how many staff were needed. They told us that they felt two staff were sufficient and they had introduced an on call system for the nights. If there was an emergency, staff could be called in at short notice. In addition there had been changes in the times that staff came on duty in the morning to assist with the busier times.

The service continued to recruit staff safely. We reviewed the recruitment records of three staff members who had been employed since our last inspection. These records demonstrated that checks were made before staff started to work in the service to ensure they were suitable for this type of work.

Medicines continued to be administered safely. People told us that they were satisfied with how the staff supported them with their medicines. One person said, "What I like is that they stay with the person until they have taken their medication so they know they have taken the prescribed dose, they are excellent for that, it doesn't matter who is doing it they all follow the same routine." Another person commented, "I get my medicines on time, they are good like that, they won't go until I've swallowed them." Another person who required to have their medicines at specific times told us, "I have [health condition], so they are very good with the timings of my medication."

We observed part of the lunchtime medicines administration round and saw that this was done safely. Staff were trained in the safe management of medicines. Records showed that medicines were given to people when they needed them and kept safely in the service. Audits on medicines management assisted the service to identify shortfalls and take action to address them.

People told us that they felt that the service was clean and hygienic. One person's relative told us, "[Family member's] room is always a good temperature for [them], it's clean and [their] bed is always made." Another relative said, "It never smells, very airy and clean." Staff were trained in infection control and food hygiene. All bathrooms and toilets held hand sanitiser and disposable paper towels. There was also hand sanitiser provided around the service. We saw that staff used the disposable gloves and aprons, for example, when preparing to support people with their personal care. This demonstrated that the systems in place supported good infection control processes.

# Is the service effective?

## Our findings

At our last inspection of 26 May 2016 this key question was rated Good. At this inspection we found that the key question for effective remained Good.

People's care needs were assessed holistically before they moved into the service. One person's relative confirmed that a detailed assessment about their family member's needs was completed. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. The registered manager told us that they had positive relationships with the local GP surgeries and community nurses. This was confirmed by a health professional we spoke with, who told us that the service's staff made appropriate referrals when they were concerned about people's wellbeing. They said that they had a good working relationship with the service's staff.

People told us they were supported to access health professionals when needed. One person said, "They would definitely call me a doctor if they knew I was bad enough." Another person commented, "I had a knock on my head, they took me to the hospital, they are very good really." Another person said, "I don't take any pills, the only thing I have is cream for my back and legs. I had weeping legs, they took ages to heal up, but they did it here with cream and bandages." This was done with the support of community health professionals. One person's relative said, "They are good at communicating. [Family member] had a fall and I was the second person they rang after the ambulance." However, one person's relative told us that the staff had not always been swift to call health professionals for their family member, until the relative had asked for this to happen. People's records included information about treatment received from health professionals and any recommendations made to improve their health.

There were systems in place to support people to move between services effectively. There were documents in place which included important information about people which were given to health professionals if people required hospital admissions. One person told us, "When I had my fall they said I needed to go to A and E [accident and emergency] to have an X-ray, I said I couldn't do that, I would panic so they arranged for me to have an X-ray at the surgery." This showed that the service were sensitive to the person's needs. We saw information received by the service from a relative who thanked the service for supporting their family member when they moved in. They had written, "Thank you so much to all of you for making [family member's] first weeks such an easy transition. You have all been fantastic at making both [family member] and us feel part of the family."

The service continued to support people to maintain a healthy diet. People told us that they chose what they wanted to eat and the staff responded to their individual needs. One person said, "There is always a choice of food, the food is gorgeous, and I have put on 5lbs. They give you seconds, cream, custard, it is beautifully cooked, all prepared here, lovely." Another person commented, "I wouldn't want to be fed so I use my fingers, they give me food I can pick up, there is a reasonable choice, if you want something they make it." Another person said, "The food is quite good, it's tasteful and food that I like. They come and ask you what you want in the morning." Another person told us, "Dinner was lovely, I had salmon and a Cornish pasty as I'm a big eater."



We observed lunch which provided a calm and positive dining experience for people. People chose where they wanted to sit. One person told us, "I sit here every day, they take it in turns as to what table they serve first, so no one is always last." People who required support to eat were provided this at their own pace. One person's relative said, "I turned up here unexpectedly once and [family member] was being fed by a carer. I was so grateful to see [them] doing that." There were a variety of meals that people were eating at lunch time, and there were differing size portions depending on their need. People were offered a choice of drinks, these were topped up when emptied.

People were provided with high calorie and fortified food and drinks where they were at risk of losing weight. Referrals to health professionals were made if people were at risk of malnutrition. The catering staff spoken with were knowledgeable about people's dietary requirements and preferences. There were no people in the service who were assessed at risk of choking.

The service continued to provide staff with training and support to meet people's needs effectively. Training provided to staff included safeguarding, moving and handling, and fire safety. The local authority also told us they had provided care planning/report writing and dignity workshops to staff. New staff were provided with an induction and the opportunity to complete the Care Certificate. This is a set of induction standards that staff should be working to. One person said, "The staff are very good on the whole, they look after us well, they are fun." We saw notices in the office with lists of staff to attend the upcoming training in moving and handling, infection control and health and safety. This demonstrated that up to date training was provided.

One person's relative told us, "From what I've seen of staff they seem to know what they are doing." Another relative commented, "I'm not sure how much they are trained in dementia, but they are caring." We reviewed the training records and saw that not all staff had received training in dementia and the last training in this subject was in 2015. We spoke with the registered manager who said that they had recently changed the organisation they used to provide training but would ensure updated training was provided in dementia. They told us they were waiting for a date for training from the local authority in the experiences people had who were living with dementia. A previous date had been cancelled by the service due to staff wanting to attend a funeral of a person who had passed away.

Records and discussions with staff showed that they continued to be supported in their work role. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The service had made DoLS referrals when required, to ensure that people were not unlawfully deprived of their liberty. Staff had been trained in MCA and DoLS and continued to demonstrate they understood these subjects and how they applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. One person told us, "They are patient and ask my permission when [provide personal care]."

People were complimentary about the environment that they lived in. One person told us, "Yes, I'm very happy here thank you. I like this nice room and the outlook, the food, everything is very nice." One person's relative said, "It's homely." Another relative said, "[Family member] was going to have a room upstairs but they said the downstairs room would fit their needs better. They had a new carpet before they moved in. I

have brought a chair from [family member's] home so it is more like home. It is like a five star hotel." The environment was accessible to people using the service. This included a stair lift for people who could not access the stairs independently. The registered manager told us that they had received a quote for a passenger lift to improve access. There was signage in the service, where people had agreed, to assist people to navigate to their bedrooms. Regular checks on the environment and equipment, including mobility, electrical and fire safety ensured they were fit for purpose. There were plans for ongoing improvement of the environment, this included extending the communal lounge, which was to commence shortly after our inspection. There were also plan to refurbish the laundry area. This showed that there were ongoing improvements planned in the environment to enhance people's experiences.

One person said, "The garden is beautiful, I go out every day." We saw people sitting outside in the sunshine, one person was encouraged to wear a hat to reduce the risks of sunburn. There were animals that people could see in the garden, including chickens and a pig. One person said, "I go out when my [relatives] take me in the garden to see the pig. In the summer the gardens are pretty, we have cream teas, barbecues, hog roast."

# Is the service caring?

## Our findings

At our last inspection of 26 May 2016 this key question was rated Good. At this inspection we found that the key question for caring remained Good.

People told us that they felt that the staff were caring and respectful. One person said, "You couldn't get a more kinder, caring staff ever, they always ask if you are okay, would you like a drink, any help, to go for a walk. There is always a please, thank you, would you mind, they let you be. Everyone is cheerful." Another person commented, "They are very attentive, very good the [staff] here. If they can help you they will. They have a laugh with you, if you ask a question they answer. They are very patient, help me when I am [symptom of their condition], very patient." One person's relative told us, "Staff are very positive, they give the impression that [family member] is a person they want to care for, they have that level of interest in [family member]. Staff appear to have a sunshyness, certainly not impersonal care." Another relative said, "The staff are so patient, it's very relaxed here, they are friendly, very helpful."

We saw cards and letters received by the service thanking them for the care they provided to their family members. One relative had written, "My [family member] could not have been better looked after and was always surrounded by affection and loving care."

During our inspection we saw that the staff interacted with people in a caring and compassionate way. Staff spoke about people in a caring way. Discussions with staff and the registered manager identified that people were all treated with care equally regardless of their diverse needs. We saw examples of caring interactions from staff which respected people's dignity and privacy. One person was in a state of undress, a staff member spoke with the person quietly and offered to go to the bathroom with them so they could assist them. Two people had a disagreement and a staff member quickly intervened and reassured a person and diverted their attention to the planned activity.

One person's relative told us how they felt their relative was supported to respect their dignity, "[Family member] has always been appropriately dressed and looks cared for." Another relative commented, "[Family member] has [their] hair done twice, all these things make so much difference."

People's independence continued to be promoted and respected. One person said, "I get help with washing and dressing, they let me clean my teeth and wash my face, but I have difficulty standing so they do everything else." Another person said, "The carers are helpful, they do anything you want. I'm at the baby stage now so I can't do anything for myself except wash my face." People's privacy continued to be respected. We saw that staff knocked on bedroom doors before they entered.

People told us that they continued to make decisions about their care and that staff listened to what they said. One person said, "They just leave you to wake when you want, they don't grumble if you want breakfast at 6am or 10am." Another person commented, "I go to bed early, it's when I want." People's bedrooms were personalised with pictures, photographs and ornaments, which reflected their choices.

People were supported to maintain relationships with friends and family who were important to them. One person's relative said that when they visited, "We were greeted at the door, a warm and friendly greeting." Another relative told us, "They are always very generous with me, always giving me a lunch or tea." There were areas in the service where people could entertain their visitors, in private if they wished.

## Is the service responsive?

### Our findings

At our last inspection of 26 May 2016 this key question was rated Good. At this inspection we found that the key question for responsive was now Requires improvement. This is because improvements were needed in how people's records demonstrated how their needs were planned for and met. The service had accepted the support of the local authority to improve their care planning to be more person centred. This was not yet fully implemented. Improvements were needed in the plans for end of life care. In addition, whilst a good range of group activities were provided, people told us there were limited opportunities for one to one quality interaction.

We looked at one of the care plans which had been reviewed and they identified how the person's individual needs were planned for and met. We also looked at records which had not yet been reviewed. These confirmed that more detail was required to ensure that people's diverse needs were identified, how they affected their daily lives and how staff were to support them. We were assured that the improvements were being made which reduced the risk to people receiving inappropriate care. However, the improvements to the records were not yet fully implemented. Staff we spoke with demonstrated that they knew about people's needs and how they were met.

Not all people said that they knew about their care plans. One person said, "No, I don't know if I have a care plan." Another person commented, "I do have a care plan, it's a blue book they write in it every day. I ask what they are writing, and they say knitting." One person's relative told us, "Yes, [family member] has a care plan, but I've never seen it." However, we saw documents which had been signed by people to agree with the care and support they were provided with.

People told us that they were satisfied with the care and support they were provided with and the staff were responsive to their needs. One person said, "I think it's excellent, everything is very good, I think they do very well indeed." One person said, "I'm [condition], staff know not to move anything in my room or I'd never find it." One person's relative told us, "Since being here [family member] has gradually been recovering from [their health condition]."

People's care records included information about the choices that people had made regarding their end of life care. This included if they wished to be resuscitated. However, there was limited detail on people's choices relating to where they wanted to be cared for at the end of their life or if they were ill. Staff had not been provided with end of life training, should the situation arise, to support them to care for people appropriately. However, we saw cards and letters received by the service from people's relatives thanking them for the end of life care and support provided. One relative wrote, "I should also like to thank [two named care staff] who stayed with [family member] during [their] final moments. I find it immensely comforting to know that [family member] wasn't on [their] own at the end." Another stated, "Thank you so much for all your kindness that helped make [family member's] last two years happier." Another commented, "The way you dealt with [family member's] palliative care was particularly outstanding."

We received mixed views from people and relatives about the activities and stimulation provided in the

service. Some people said that there were plenty of opportunities to participate in activities. One person said, "We all have a television in our room, I talk to the other residents, we have bingo, a lovely sing song, a lady comes and sings, she has a beautiful voice. They do dozens of things, some I enter in, some I don't, they is no compulsion, you can do what you want. Of course we have a hairdresser, chiropodist, doctor. They care for religious needs, there is a group comes once a week to give bible readings and talks." Another person commented, "I knit and read...we have discos, bingo, a singer comes in who is wonderful. They come here and give Holy Communion, dip the bread, but I don't do that." One person's relative said, "[Family member] not a great mixer but they have so much going on [family member] enjoys coming down and joining in, the socialisation side of it is very important." Another relative told us, "[Family member] seems happy...[Family member] is always absorbed in [their] books and gives me the impression [family member] is reasonably well occupied. Whenever I walk in there is always something going on, bingo, looking at newspapers, singing."

Some people said that there were not always opportunities to participate in meaningful individual activities or one to one interactions. One person told us, "I don't do a lot all day, I sit here and think. I have just started going to the activities, I do the bingo although I'm not that keen... I need to keep my brain occupied, they are not too good at that. I used to have an involved job and its difficult doing nothing." Another person said, "I get out as much as I can, yesterday I went out in the minibus. The biggest problem I have is finding someone to talk to, I have always been very active...staff rarely come and talk to me. I like to make sure I get a lot of exercise, I do my own thing, sometimes I go out, sometimes I just walk around my room." Another person commented, "Mostly I kill time, I don't like bingo, I can't sing in tune. I do have a newspaper every day, so I keep up with the news. Staff don't really spend any time with me, I don't know they really understand me, I'm a serious sort of [person], I love history. If I was here too long I don't know what would happen to my brain. There is a chapel over the road that I would be nice to go to. I haven't been to any bible readings here, I would like to."

People's relatives also commented on opportunities for interaction. One relative commented, "The situation is that it could be more different regarding stimulation if there were more staff." Another relative said, "I often think they don't spend enough time sitting with them individually. [Family member] is a very quiet person, [family member does] enjoy the activities though, taps [their] hand to the music."

The registered manager and staff told us that recent changes meant that there was more time in the afternoons for staff to spend time with people. One staff member said that with the time, "We are going to be making buntings for the Royal wedding." The registered manager said that they were working with a local college and had students working in the service. They spent one to one time with people. In addition a person received additional one to one support. The registered manager told us about how some people went out regularly with relatives and friends.

We saw people participating in group activities during the day including a sing song in the afternoon, which was joined in by people and we saw people dancing with staff. On the morning people played cards, which were large to support people to see them. Both of the activities were well attended and there was lots of lively chatting and laughter. The activities staff member was very good at encouraging people to get involved and made the experience a positive one. There continued to be a programme of group activities that people could participate in if they chose to. This included weekly outings in the mini but, visiting entertainers, exercise, slideshows and games. There were animals in the service which people could assist to care for or look at. This included an aquarium in the communal area and a pig and chickens in the garden.

People told us that if they knew how to make a complaint, but not all people said that they would. One person said, "I would definitely complain if I needed to." Another person commented, "I've got no

complaints at all." However, another person told us, "My family say [person] you are best to keep quiet, I'm afraid if I complained they would take it out on me." One person's relative said, "If I have any questions or complaint I go straight to the horse's mouth." They told us about a situation they had raised and had been dealt with to their satisfaction. Discussions with the registered manager and records confirmed what we had been told. However another person's relative told us that their concerns were not always taken seriously and identified that there may be a lack of attention to detail. They said, [Family member] came in with 12 pairs of socks, all named, and they have gone. All I got was 'oh we have loads of them go missing', but I felt they should have been a little bit concerned." There was a complaints procedure in place and information posted in the service about how people could raise a complaint. Records of complaints and concerns identified that action was taken to address them in line with their procedure and they were used to improve the service. This included advising staff of their roles and responsibilities and changes to the menu.

## Is the service well-led?

### Our findings

At our last inspection of 26 May 2016 this key question was rated Good. At this inspection we found that the key question for well-led remained Good.

There was a registered manager in post, who was also one of the provider's directors. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager continued to undertake a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management, health and safety, and care records. These audits supported the registered manager in identifying shortfalls which needed to be addressed. Where incidents and accidents had happened, there were systems to analyse these to check for any trends and to learn from these and reduce the risks of future similar incidents happening.

There was a deputy manager who assisted in the managerial duties. The deputy manager had recently completed a qualification relevant to managing care services. They told us that they were waiting for their certificate to arrive. The registered manager also told us that they employed an individual to support them in any changes in the care industry and to advise and mentor them. This was helpful because they were an individual provider.

The registered manager told us how they had developed relationships within the community to gain support to continually improve the service. This included with the GP surgery and the local authority who had kept them updated with any training that was available. The local authority provider support team had delivered workshops to the staff team to improve practice. The registered manager had developed relationships with a local college, who were now delivering training to staff. The service took two health and social care students at a time for placement experience.

People continued to be asked about their views to improve the service. This included in quality questionnaires. Where comments had been received action was taken to address them and improve the service. This included in the menu and laundry service.

People and relatives were complimentary about the management in the service. One person said, "They run it very well. I do think it is well-led." Another person told us, "The boss is very nice, I have biscuits in my trolley for her little dog." One person's relative commented that the management team had been supportive and they could speak with them at any time.

The minutes of staff meetings showed that they were kept updated with any changes in the service and people's needs and they could share their views and comments to improve the service. This included discussions about morale in the service and how this could be continuously improved on. Staff told us that



they were happy working in the service. One staff member said, "I love working here." They told us that they felt listened to and their views were taken into account. This included if they noticed people's needs were changing, they said that they and their colleagues fed back any changes and the care plans were changed. Another staff member told us that their relative was living in the service. We were also told that other staff's relatives had been cared for at the service. This demonstrated that the service had passed the 'mum test' for staff, meaning that the service provided was also suitable for staff's relatives.